IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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M E M O R A N D U M

TO: Local Health Departments and Hospitals, Departments of Critical Care, Emergency Medicine, Family Practice, Geriatrics, Internal Medicine, Infectious Disease, Infection Control, Pediatrics, Pharmacy, Neonatal Units, Obstetrics and Gynecology, Pulmonary Medicine and Laboratory Medicine

FROM: Communicable Disease Control Section
Division of Laboratories

DATE: September 22, 2016

RE: Illinois Department of Public Health - Influenza Testing and Reporting Guidance

The Illinois Department of Public Health (IDPH) is issuing updated guidance related to submission of influenza laboratory specimens and reporting. Thorough influenza surveillance is only possible with the help of clinicians, infection control practitioners, and laboratories. We thank you for your assistance and cooperation. The purpose of this memo is to provide updated influenza testing and reporting guidelines.

1. **Influenza Testing at IDPH Division of Laboratories:**
   With the exception of laboratories enrolled as sentinel site reporters, testing performed for inpatient and outpatient clinical care, including PCR testing, should be obtained at clinical and hospital laboratories. For the 2016-2017 influenza season, only the following specimens should be sent to IDPH for influenza testing[1]:

   a. Specimens that are approved by the local health department (LHD) on a case-by-case basis, such as for outbreak management in a congregate facility, post-mortem evaluation, and cases of suspected animal to human transmission of influenza virus.
   b. Specimens that cannot be subtyped (e.g., PCR testing is performed and is negative for currently circulating strains of H1and H3). Information regarding availability of PCR testing at clinical and hospital laboratories is attached.

2. **Specimen Testing Authorization:**
   To authorize the submission of specimens not related to the influenza sentinel program, **local health department (LHD) staff** will complete the online influenza testing authorization page on the IDPH webportal that is accessible to LHD staff. The LHD will

[1] These criteria do not apply to IDPH-designated influenza sentinel surveillance providers, who will receive separate instructions regarding specimen submission.

create an ID number and enter it online on the authorization page. The ID will consist of the disease (for influenza = INF), followed by the first four letters of the LHD name, followed by the next consecutive number of influenza specimen. For example, the first specimen from Sangamon County would have the code INFSANG001. Utilization of this form will provide notification to the IDPH Division of Laboratories that a specimen has been authorized by the IDPH Communicable Disease Control Section for testing. LHD staff will ask the submitting agency to include this authorization number on the requisition form to IDPH. The respiratory influenza testing requisition form is available on the IDPH website on the laboratory services page.

3. **General Specimen Guidance:**
Specimens received that are not authorized by IDPH or the LHD will be rejected by the laboratory and stored until further information is obtained from the submitter. The submitter may contact their LHD or the IDPH Communicable Disease Control Section at 217-782-2016 to discuss specimen testing guidelines.

Any specimen not maintained at the proper temperature, or is more than three days old when received (except if sent frozen) will not be tested and an unsatisfactory result will be provided.

If you have questions about specimen submission, collection or transportation call the appropriate regional laboratory (Chicago: 312-793-4760; Springfield: 217-782-6562; Carbondale: 618-457-5131). For after hour emergencies, contact the Illinois Emergency Management Agency at 800-782-7860 and request to speak with the IDPH duty officer.

4. **Reporting:**
The major objectives of influenza surveillance during 2016-2017 season are to describe risk factors for and burden of severe illness, provide information for management of situations requiring public health intervention(s) (e.g., prophylaxis in a congregate care facility), identify changes in the severity and epidemiology of influenza, and to identify novel strains. I-NEDSS contains three different case-based modules (novel influenza, pediatric influenza-associated deaths, and influenza-associated ICU hospitalization) for influenza reporting. Be sure to enter cases into the appropriate module. For female patients in the ICU, make certain to indicate pregnancy/postpartum status. If updated information for any patient becomes available after the initial report (e.g., results of a PCR test, death), update the I-NEDSS report. **Providers should report the following to the local health department:**

   a. **Suspected novel influenza** (e.g., severe respiratory illness of unknown etiology associated with recent international travel or contact with swine or any case of human infection with an influenza A virus that is different from currently circulating human influenza H1 and H3 viruses). Suspected Novel Influenza cases are reportable immediately, within three hours. *Note: For surveillance purposes, 2009 H1N1 (A) influenza is no longer considered to be a novel influenza strain.*

b. **Pediatric influenza-associated deaths** is defined as death of an individual < 18 years of age resulting from a clinically compatible illness confirmed to be influenza by culture, PCR, commercial rapid influenza, or other appropriate diagnostic test. These cases are reportable as soon as possible, but within seven days.

c. **Influenza associated Intensive Care Unit (ICU) hospitalizations** are defined as individuals hospitalized in an ICU with a positive laboratory test for influenza A or B, including specimens identified as influenza A/H3N2, A/H1N1, A/H1N1(2009), and specimens not subtyped (e.g., influenza positive cases by PCR or any rapid test such as EIA). These cases are reportable as soon as possible, but within 24 hours[2].

d. **Outbreaks of influenza or influenza like illness in a congregate setting** (e.g., correctional or long term care facility). Additional information regarding reporting of outbreaks of influenza and influenza-like illness in congregate settings will be provided under separate cover.

5. **Influenza Reports:**
IDPH will publish the first weekly influenza surveillance report of the 2016-2017 season (week 40, ending October 8, 2016) on October 14, 2016. IDPH weekly influenza reports will be available at:
http://dph.illinois.gov/topics-services/diseases-and-conditions/influenza/surveillance.

Local or regional influenza surveillance reports also are available on many LHD websites. If you have questions about influenza surveillance reports, contact your LHD or the IDPH Communicable Disease Control Section at 217-782-2016 or by email at dph.influenza@illinois.gov.

6. **Laboratory Sentinel Sites:**
Participants in the Illinois Department of Public Health influenza sentinel surveillance program are asked to send at least ten specimens each week to an IDPH laboratory for viral testing at **no cost** to the sentinel site; no prior authorization is needed. If your laboratory is interested in becoming a sentinel site and participating in this program by submitting influenza specimens to IDPH, please contact one of the IDPH laboratories or Communicable Disease Control Section:

Springfield laboratory: 217-782-6562
Carbondale laboratory: 618-457-5131
Communicable Disease Section: dph.influenza@illinois.gov or 217-782-2016.

7. **ILINet Sentinel Providers:**
ILINet providers input weekly influenza-like illness data into a CDC database. This helps us track the influenza season and epidemiological trends. If your practice or facility is interested in participating in influenza surveillance by becoming an ILINet sentinel site

[2] Such cases are reportable under the Communicable Disease Code, Section 690.295 as any unusual case that may indicate a public health hazard.

reporter, please contact the Communicable Disease Section at 217-782-2016 or by email at dph.influenza@illinois.gov.

8. **PCR Testing for Influenza:**
   Points of contact for additional laboratories to arrange for influenza PCR testing not covered by IDPH testing criteria are listed in the chart below. Testing protocols vary by laboratory (e.g., not every lab performs sub-typing). Laboratories are listed in alphabetical order; IDPH does not endorse any particular laboratory. This list may be incomplete; it is based on currently available information and will be updated periodically. To add the name of a laboratory to this list, contact Matt Charles, Chief of Laboratories, at Matt.Charles@Illinois.gov or at (312)793-7213.

Lab	**Contact**	**Phone**
ACL Laboratories	Sales	800-877-7016
Alverno Clinical Laboratories, LLC	Melissa Mace	219-989-3888
Marshfield Labs	Sandra Molter	800-222-5835, x16278
Mayo Medical Laboratories	Customer Service	800-533-1710
North Shore University Health System	Brian Staes	847-663-2105
Northwestern Memorial Hospital	Angie Bialkowski-Gunn	312-926-4296
Quest Diagnostics	Customer Service	866- 697-8378
University of Illinois	Jessica Padilla	312-996-4800

If you have any questions about influenza epidemiological surveillance, please contact the IDPH Communicable Disease Control Section at 217-782-2016 or by email at dph.influenza@illinois.gov.

If you have questions regarding influenza laboratory surveillance, or need assistance with influenza collection and shipping kits, please contact the Springfield IDPH laboratory at 217-782-6562.